PEDIATRIC CARE COORDINATION

Oklahoma Minor Confidentiality & Health Information Guide

Internal Practice Reference

IMPORTANT: Oklahoma does not have a blanket rule that all medical information becomes confidential from parents when a child turns 14. Confidentiality depends on the type of care, who legally consented to that care, and other state or federal requirements.

General Rule

Parents and legal guardians generally participate in and authorize healthcare for their minor children. However, Oklahoma law allows a minor to consent to certain healthcare services without parental consent in specific circumstances. When the minor has the legal authority to consent to the treatment, special rules may apply to the related health information and records.

Oklahoma Minor Self-Consent - 63 O.S. § 2602

Oklahoma law permits certain minors to consent to healthcare services on their own. Examples include qualifying minors who are married, have a dependent child, are emancipated, are living apart from and unsupported by their parents or guardian, or are seeking care for certain specifically protected conditions.

- Pregnancy-related care within the scope permitted by Oklahoma law
- Reportable communicable disease
- Drug or substance abuse
- Abusive use of alcohol
- Other circumstances specifically authorized by Oklahoma law

For information obtained through care provided under Oklahoma's minor self-consent law, disclosure may require the minor's consent, subject to statutory exceptions and other applicable legal requirements.

Who Can Authorize Release of the Records?

A key operational rule is that when a minor is legally competent to consent to his or her own treatment, a parent or another person may not necessarily have authority to authorize release of the records relating to that treatment. The appropriate authorization must come from the person who has legal authority over the particular information.

What About Age 14?

Age 14 is important in some Oklahoma behavioral-health rules, but it is not a universal age at which a parent's access to all of a child's medical information ends. For example, certain Oklahoma behavioral-health service-plan rules require the consumer's signature when the child is age 14 or older. Those requirements should not be interpreted as a blanket confidentiality rule for every type of pediatric healthcare record.

Care Coordination Practice Safeguard

Before requesting, obtaining, using, or disclosing a minor patient's records, Pediatric Care Coordination should determine whether the parent/legal guardian has authority to authorize access to the particular information or whether the minor patient's authorization is required.

Suggested language for Pediatric Care Coordination forms:

> *Minor Confidentiality: I understand that certain healthcare services and health information may be protected by federal or Oklahoma law and may require authorization from the minor patient rather than, or in addition to, authorization from a parent or legal guardian. This authorization does not permit Pediatric Care Coordination to obtain, use, or disclose information when the person signing this form does not have legal authority to authorize the disclosure. When required by applicable law, authorization will be obtained directly from the minor patient before the protected information is requested, used, or disclosed.*

Sensitive Information - Recommended Separate Review

When creating a Release/Exchange of Health Information form, consider separately identifying categories that may have additional confidentiality requirements rather than relying only on a broad authorization for 'all records.'

- Behavioral or mental health information

- Substance use disorder treatment information
- Sexual or reproductive health information
- Communicable disease information
- Genetic information
- Other information protected by state or federal law

Suggested Workflow for Adolescent Patients

- Confirm who has legal authority to consent to the underlying healthcare service.
- Determine whether the requested record contains information arising from minor self-consented care.
- Do not assume a parent's signature authorizes access to every part of an adolescent's record.
- Obtain the minor's authorization when required by Oklahoma or federal law.
- For patients age 14 and older, consider an additional confidentiality/authorization review because behavioral-health and adolescent confidentiality requirements may become relevant.
- Document whose authorization was obtained and the categories of information authorized.
- Escalate uncertain situations to the supervising provider, privacy officer, or healthcare attorney before disclosure.

Legal References

63 O.S. § 2602 - Right of Self-Consent Under Certain Conditions; Doctor-Patient Privileges.

Okla. Admin. Code § 340:75-1-46 - Transfer and Release of Confidential Information; addresses authorization for records when a minor is legally competent to consent to treatment.

Okla. Admin. Code § 450:24-7-7 - Behavioral Health Service Plan; includes signature requirements for consumers age 14 or older.

25 O.S. § 2005 - Written parental/legal guardian consent requirements for mental-health treatment of minors, subject to exceptions.

Federal HIPAA Privacy Rule - parental personal-representative rules and exceptions when a minor has authority to consent to healthcare.

LEGAL REVIEW NOTE: This document is an internal practice guide, not legal advice or a substitute for an Oklahoma healthcare attorney's review. Minor-consent and confidentiality requirements can vary by service and can also be affected by federal laws such as HIPAA and substance-use-disorder confidentiality rules.